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HOURLY NURSING

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It is surprising to find how many people one runs across who know nothing of the hourly nurse and her work or who have just heard of her for the first time, although nurses have been doing this line of work for many years in the east, central west and west. It is a branch of nursing that has undoubtedly come to stay and unquestionably has a good future. It may help to solve the problem of furnishing trained nursing to the people of moderate means. It certainly helps out many a family that cannot afford a trained nurse all the time. One of the duties the hourly nurse is often called upon to perform is to teach some member of a family to give certain treatments which the doctor has prescribed.

This work has its advantages and its disadvantages. One thing in it that appeals to the private duty nurse is that the hourly nurse has her nights at home, and as a rule, when one leaves a patient there is no anxiety to carry away. If the patient is seriously ill, the hourly nurse is probably called in only to do relief work.

Many nurses have said to me they would like to take up hourly nursing, as they were not very strong, or because it looked easier to them than private duty nursing. I suppose one could regulate her practice to her strength, but if one is not very strong I feel quite sure she would just make a living at this and not be able to save anything. To make a success in this work, one must put into it all her time and strength. Any nurse knows that if she refuses a doctor's or a patient's call two or three times, they would soon stop calling for her. The hours are long and uncertain. Many patients want or need their treatments at bedtime, while others wish them before they dress to go out in the morning. The hourly nurse, you know, has many patients who are up and living their normal lives.

In this work one is on her feet most of the time. Perhaps there is a walk of several blocks to the car, then one hangs to a strap if it is during the "rush" hour, then comes a walk of several blocks to the patient's house, where the nurse is busy for an hour or two without sitting down, then another walk of several blocks to the next patient or to a car and, several times a day, there are long waits on corners for cars, in all kinds of weather, but it is very interesting work and one gets a variety, each day.

If one wishes to take up hourly nursing, it is first important to

have a small bank account to draw upon, if necessary, while working up a practice, as there will undoubtedly be many days at first when no calls come in. Then arrange good telephone service. If living in one's own home, the family will personally be interested. Living in a Nurses' Club would be satisfactory, but in a boarding house, probably the calls would often be forgotten, or again, if several nurses were living in their own apartment, it would be necessary to have some one in, most of the time, on account of the telephone. Have cards with your name, address and telephone number, stating also that you are an hourly nurse and indicating any work you may have taken up in addition to this, such as sterilizing or massage. In my work I have found massage works in very nicely in keeping me busy, many times, when there is little to do in active nursing. In a large city there will be very little sterilizing to do. In a town without a hospital, there might be more or less of this, especially for obstetrical cases.

When it comes to getting a uniform for this work, be sure to include your school cap and pin. Patients like to see the nurse in full uniform; it looks more professional and it gives them more confidence in her. Remember that the succeeding visits often depend on the impression made during the first visit, and first impressions are often lasting. The private duty nurse may be able to live down an unfavorable first impression, as a patient will defer telling her she wishes to make a change. Not so with the hourly nurse; when she is out of the house after the first visit, it is very easy to think up a plausible excuse for not having her return or, when she is leaving, to say the patient will let her know when she is again needed. But to return to the uniform,—after much thought, I decided on a two-piece white uniform of cotton poplin, as this wrinkles less easily than linen. The skirt is finished like a tailored skirt at the waist, so no belt is necessary. It hooks to the waist in the back with two hooks. Have the stiff inside belting boned in casings so that the bones can be removed when the skirt is washed. I carry an apron with me only if using mercurial ointment for some patient, or some solution with a stain which is difficult to remove. This two-piece uniform has the advantage of saving laundry bills, as you can keep quite tidy by changing the waist oftener than the skirt, so have several extra waists made. If your school cap is one that folds flat, so much the better in this work. It can be placed between two pieces of cardboard, folded in your dress skirt and a white petticoat. This I carry in a bag such as lawyers carry their briefs in. Always carry with you a mouth and a rectal thermometer, a hypodermic, a lead pencil, and small pad. It will often make your work easier and save much time by having other working

utensils to carry with you when necessary, such as a bath thermometer, fountain syringe, small glass syringe and catheter, a spoon to boil the hypodermic needle in, and a stupe wringer.

Each year I buy a Standard Daily Journal, which is a book $3\frac{1}{2}$ by 6 inches, having a page for each day. This is large enough to make out each day's itinerary. Write your patient's name, address, telephone number, and the time you will be there, and leave this on your telephone table. In this way your calls can follow you.

Now you are ready for work. Register at your registry and perhaps, at first, you will find it to your advantage to put your name on more than one registry. Visit all the doctors you know and leave your cards with them. Leave your card in the offices of hotels, and call upon the house physician of each hotel. Let your nurse friends know that you can relieve them when they need relief and cannot get it from the family. As time goes on, you will probably get most of your calls through patients who will tell others of you and your work, so be business-like and, if you move, send cards to all your old patients and to the doctors.

In this hourly work one is called on to do anything a nurse is trained to do, such as giving high and low enemas; douches; tub and bed baths; cabinet baths and Nauheim baths; bladder irrigations; alcohol and oil rubs; hot fomentations; to attend an obstetrical case during the delivery and, perhaps, to give the baby and the mother their daily baths for two weeks. Occasionally one is called in for surgical dressings in the home, or to prepare for and assist at an operation; at other times to give hot packs; stay with a baby when the parents wish to go out and there is no one to leave it with; to put the baby and small children to bed and stay with them on the afternoon the nurse girl is out; to attend many cancer cases; give hypodermics and inunctions; and to do relief work. This relief is sometimes when the patient is too ill to be left with any member of the family, sometimes when they have not the room to accommodate two nurses, and again, as a matter of economy,—often in hotel or boarding-house cases.

As far as possible I arrange my work to suit my patient's time. Often a patient wishes to change her hour or a new call may come in which you can take only if some patient is willing to take another hour. All this you regulate according to circumstances. When a new call comes in, I get all the information I can about it, just what they wish done, what they have to work with, and tell them what to get, or I may take some things with me. One soon learns about how long it takes to do certain things, so a pretty accurate time schedule can be kept in the book on the telephone table. Or, if the work takes

longer than anticipated, telephone back to have the time of your itinerary changed. Try not to keep people waiting. If you find you will be delayed, telephone the next patient to that effect. It is a good thing to know of another nurse who can be called on to take calls you may not be able to take, or to hold a case for you.

When the nurses raised their rates here last spring, they raised the hourly nurses to \$2.50 the first hour and 50 cents each succeeding hour or fraction of an hour. I seldom get that. As a rule, I charge \$2.00 the first hour and 50 cents for each succeeding hour, except when relieving for six or eight hours, when I may make special rates. I charge \$5.00 for a night, and for a delivery case. If specializing at night in a hospital, as I did occasionally, my first year in this work, I, of course, accepted the regular hospital rates. I try to make my rates suit my patient's circumstances, but I never make any reductions over the telephone, as it is often the people who can afford to pay, better than I can to lose, who are the ones who object to your charges. Simply tell them you will come and see how long it takes to do what they wish and you are sure a satisfactory arrangement can be made. Then you can judge the situation for yourself and charge accordingly. For a hypodermic, I charge \$1.00 as the time it takes in going and coming is what is paid for, in this case. Sometimes I make a little extra charge for the work when the distance is very great, or if it is very late in the evening. In some cities I understand the nurses have special charges for the various treatments, such as \$1.50 for a hypodermic, \$3.00 for a colonic flushing, etc.

One patient who had often employed an hourly nurse, made the comment that after Miss —— had made her visit, you would never know she had been in the house, for she left everything exactly as she found it. This was all right in this particular case, as the lady was a perfect housekeeper.

When I first took up this work, I taught some Home Nursing classes at the Domestic Science School and had, also, some private Home Nursing classes. Since the Red Cross has established Home Nursing classes, I have taught some of those.

The calls for this work are mostly from people of moderate means and from the wealthy, as in Chicago the poor are well cared for by the Visiting Nurses' Association, but sometimes on Sundays and evenings, when the visiting nurses are not on call, the hourly nurse may get some calls from poorer patients.